



DEPARTMENT OF TECHNICAL CO-OPERATION

Medical Aid to the Developing Countries



Observations by Her Majesty's Government on the Report
by a Working Party under the Chairmanship of
Sir Arthur Porritt, K.C.M.G., K.C.V.O., C.B.E.

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THE PORRITT REPORT ON MEDICAL AID TO THE DEVELOPING COUNTRIES

Observations by Her Majesty's Government

The Government warmly welcomes the initiative taken by leaders of the medical profession in calling together a Working Party to formulate a coherent and co-ordinated response to the challenge presented by the medical needs of the developing countries of the world, particularly those of the Commonwealth. It congratulates the Working Party on having achieved what it set out to do, and on having clearly indicated in its Report the directions in which further progress can be made in technical assistance in medicine. The great majority of the Working Party's recommendations are acceptable to the Government. These will be implemented so far as the limits imposed by finance and by the many demands on the country's resources permit, and the attention of the Governments of the developing countries will be drawn, through British Embassies and High Commissions, to the additional facilities which will thus be made available. Perhaps the most important of these will result from the Government's decisions to implement the recommendations in Sections 2 (i) of Chapter III of the Report, by establishing 25 bursaries for postgraduates from the developing countries; and the recommendations in Section 2 (v) and (vi) of Chapter V by providing funds for the establishment of 12 senior and 6 junior lectureships at the London and Liverpool Schools of Tropical Medicine.

2. The Government feels that some comment is necessary on the Working Party's statement in Chapter I of the Report, that Great Britain, in comparison with other nations, is falling behind in its contribution to the medical advance of the developing countries. In relation to its gross national product, Great Britain's contribution over the whole field of overseas aid compares favourably with that of any other nation. But the needs of the developing countries, even within the Commonwealth, represent a greater burden than this country alone can shoulder; and the developing countries are of course free to accept assistance from any source they choose. These factors interact with particular force in medicine, with the result that other donor countries are now contributing to the development of medical services in certain areas which previously looked primarily to Great Britain. This process is inevitable, and contributions from the other countries can give no cause for regret. Nevertheless the Government is anxious to maintain, and wherever possible to extend, the traditions, influence and high reputation of British medicine overseas. It is a particular merit of the Working Party's Report that it shows how this can be achieved most effectively from the available resources of Britain.

3. The Government hopes that the implications of the following observation in Section 3 of Chapter I of the Working Party's Report will be fully understood:

"... the Working Party is aware of the need to recognise and accept that, however great the medical deficiencies of the developing countries may be, the advice and help which is given to them must be given in the form in which they request it".

In deciding to provide funds for the establishment of lectureships at the two Tropical Schools the Government recognises that it may sometimes be necessary to take action not directly prompted by a request from overseas. Such action

may be required by Britain's own interests, or may be necessary because of needs overseas which can only be met by some complex of activity, such as the support of an institution or establishment of a training course in this country. But such cases are the exception. Normally a fair question will be: "Has the Government of a developing country overseas asked us to do this?" Priorities between requests from overseas are determined through the machinery of the various technical assistance programmes, which are also the source of finance. It follows that normally, if an activity is not requested, it cannot be financed. There are a good many recommendations in the Report which can only be implemented, or fully implemented, if Governments overseas attach importance to them and are willing to give them appropriate priority.

4. The references in the following detailed observations are to the Chapters, Sections of Chapters and pages of the Report.

Chapter II. Intake of Overseas Undergraduates

5. There is much force in the reasons, listed on page 4, which led the Working Party to decide not to propose that there should be a central body through which all applications for admission to the medical schools should be made; and not to try to establish any order of priority between countries.

6. The Government accepts the recommendation in this Chapter that the Deans of Medical Schools should be invited to seek the advice and assistance of the Department of Technical Co-operation if they find difficulty in establishing a priority of needs of applicants from the developing countries for places in their schools. Returns already received by the Department enable an assessment to be made of the number of overseas medical students accepted in British Medical Schools each year, but the Government doubts whether the figures of those rejected would be sufficiently informative to justify the considerable work involved in compiling them.

Chapter III. Intake of Medical Postgraduates

7. The recommendation in Section 2 for the creation of a number of bursaries, to be used by the Medical Schools for the creation of supernumerary posts for postgraduates from the developing countries, is accepted. The Department of Technical Co-operation, which proposes to aim at the creation of 25 such bursaries, has already informed the Deans of the Postgraduate Medical Schools and the Director of the British Postgraduate Medical Federation of this intention. The Deans have been asked to advise the D.T.C. of the subjects in which they could accept these additional postgraduate students.

8. The Department proposes also to inform the Governments of developing countries overseas that these bursaries are being created; and to consult the University Grants Committee, among others, about finding the places for the bursars.

9. The Government is in sympathy with the recommendations in Section 3 for improving the standard of the training given in non-teaching hospitals to postgraduates from overseas. This matter was already receiving a good deal of official attention. In addition the D.T.C. has drawn the attention of

the Director of the British Postgraduate Medical Federation to these recommendations.

10. The employment of doctors in hospitals under the National Health Service Acts, and the assessment of the suitability of each individual to fill a particular post, is the responsibility of Hospital Boards (and Management Committees), and there are difficulties in implementing the recommendations in Section 4 that a scheme of clinical assessment on the lines there indicated should be introduced. If, however, a Hospital Board showed an interest in trying out a scheme experimentally, and were able to secure a grant for this purpose from the Nuffield Provincial Hospital Trust or other non-official source, the Government would hope to be kept in touch by the Board with the progress of the experiment.

11. The observation in Section 5 that it would be helpful if the selecting authorities in the developing countries would consult the medical authorities in Britain, or British Council representatives in their own countries, about the qualifications, including a good knowledge of English, which are desirable, if the postgraduates selected are to make the best use of their opportunities is welcomed. The Government will continue to do what it can to see that this point is met.

12. The D.T.C. is prepared to ask Governments overseas to consider conducting a review of the subsequent careers of holders of postgraduate awards, though it is thought doubtful whether it will be found possible for many such reviews to be conducted.

Chapter IV. The Outflow of British Graduates

13. The Government warmly welcomes the statement in this chapter referring to the vital importance to medicine, both at home and overseas, of sending out British doctors as advisers, teachers and experienced workers. They believe wide publicity should be given to the important statement in the report that:—

“The Working Party is unanimous in believing that it is of the utmost value, for the men concerned, for developing countries and for the health service in this country, that selected doctors of all sorts should spend a period at suitable centres overseas. Experience gained in overseas service, with the demands which it makes on the initiative and adaptability of the young doctor, often develops professional skill and personal character more quickly and more effectively than any equivalent period spent at home”.

The effectiveness of British aid in the medical field will be judged in many countries by the number and quality of British doctors sent in response to their requests. At present demand threatens to outstrip supply. Coming from such authoritative sources, the commendation of the value of service overseas will encourage specialists and young doctors to consider periods of service overseas and the Government agrees that the need should be brought to their attention by every possible means.

14. The recommendation in Section 2 that the Department of Technical Co-operation should find money to enable suitable visitors to extend their

visits is also accepted. As countries adjoining a country which is to be visited may not be aware of the proposed visit, the Department will take opportunities to ask the neighbouring countries if they would like the visit to be extended to them.

15. The recommendation in Section 3 that funds be made available to enable Universities to provide supplementary emoluments for senior members of their staffs proceeding to senior teaching appointments overseas is accepted. As the Report itself mentions, action can be taken under the arrangements operated by the Morris Committee on University Secondment. These arrangements can also provide for help to Universities to cover the extra cost of replacing members of their staff during their absence overseas. The creation of supernumerary appointments is not therefore considered necessary.

16. As regards the recommendations in Section 4, the Government agrees that the needs of the developing countries for doctors should be brought to the attention of undergraduates and postgraduates in this country. For its part, it will make every effort to speed up recruitment procedures, and will keep a close watch on the need to provide adequate financial incentives. However, the frequency of visits to Medical Schools, e.g., by Ministers from overseas, and their co-ordination (referred to in recommendation (1)), are outside the control of the British authorities.

17. As regards the first recommendation in Section 5, schemes for the exchange and secondment of Senior Registrars and other National Health Service hospital doctors are already in operation. The Health Departments are alive to the advantages of service overseas so long as the conditions at (i), (ii) and (iii) indicated by the Working Party are met. Recommendation (1), in relation to University Lecturers, will be brought to the notice of the Morris Committee. It is agreed that a system of proleptic appointments at Universities could be one of the most promising ways of achieving results.

18. Recommendations (2) and (3) in Section 5 are accepted, though the former can only be implemented with the co-operation of Universities and Regional Hospital Boards.

19. The Department of Technical Co-operation will, as is recommended in Section 6, draw up a Code of Conditions; and in collaboration with the British Council will maintain notes of conditions overseas. The drawing up of a Code will not of itself secure compliance by overseas authorities with its terms, but the D.T.C. will do everything it can to arrange this.

Chapter V. Medical Aid in the Field of Public Health

20. The general spirit of the recommendations in Section 2 is very acceptable to the Government, which considers them to be most realistic and worthy of support. The recommendations of central importance, namely those in (v) and (vi) on page 17, dealing with the establishment of lectureships at the two Tropical Schools, cannot be met within the framework of the existing programmes of technical assistance, but special financial provision is being made for their implementation by the Department of Technical Co-operation, which is aiming at the establishment of 12 senior and 6 junior lectureships in 1963-64 for the two Schools taken together.

21. No special financial provision additional to that already available is necessary for the implementation of recommendation (vii). The Department of Technical Co-operation will be ready to encourage the establishment of Fellowships for postgraduates from the developing countries, based on the two Schools of Tropical Medicine.

22. Section 3 recommends that grants or scholarships should be made available to enable medical administrators to spend periods of study in this country. Action of this kind is already taken under the existing programmes of technical assistance. More could be done if more were asked for by authorities overseas. To this end the Department of Technical Co-operation will inform overseas Governments that such grants or scholarships can be made available.

Chapter VI. Medical Aid in Nursing, etc.

23. The recommendations on the nursing services in Section 1 are generally acceptable. As is suggested by the success of the current scheme for training 200 student nurses from the Federation of Malaya, no elaborate machinery should be necessary to implement the recommendations. The Department of Technical Co-operation is willing to be regarded as a clearing house for the placing of student nurses from overseas.

24. Meetings are now taking place between the Department of Technical Co-operation and senior members of the nursing profession in many parts of Britain to discuss secondment.

25. The recommendations in Section 2 about the other ancillary services, including the recommendation that scholarships be given to enable auxiliaries to come to Britain for training, are likewise acceptable.

Medical Advisory Committee

26. The Department of Technical Co-operation is anxious that the recommendations of the Working Party should be implemented in close consultation with the medical profession and that the Department should have available continuing professional advice, not merely on these recommendations but on all problems of medical aid for the developing countries. For this purpose, the Secretary for Technical Co-operation is setting up a Medical Advisory Committee on which a wide range of professional experience will be represented. He will be making an announcement about the terms of reference and membership of the Committee at an early date.

19th March, 1963.

